

Montana Medicaid Claim Jumper

Final Notice For Electronic Claims Submitters

As per HIPAA requirements, ACS will no longer be able to accept and process non-HIPAA-compliant NSF electronic claims as of March 31, 2004. After this date, all electronic submitters must begin sending claims in the HIPAA-compliant X12N format either directly or through a clearinghouse approved to submit claims in the X12N format. Information regarding clearinghouses approved to submit X12N transactions can be found on the ACS EDI Gateway, Inc. website at www.acs-gcro.com.

Providers may also use the ACS' HIPAA-complaint field software, WINASAP2003 to submit claims electronically. Enrollment applications and the WINASAP2003 software can be downloaded at the ACS EDI Gateway, Inc. website at www.acs-gcro.com. For more information, please call the EDI Support Unit at (800) 987-6719, 8 am to 5 pm, Monday through Friday.

WINASAP2003 Notes

- For providers needing to enter an EPSDT indicator in an electronic WINASAP2003 professional claim, please follow these instructions:

To indicate "1" EPSDT, go to the Claim Line Items screen and select Miscellaneous Indicators. Under Other Indicators, check the "yes" box for "Was the service the result of a screening referral?" To indicate "2" Family Planning, check the "yes" box for "Family Planning." To indicate "3" both EPSDT and Family Planning, check both "yes" boxes. To indicate "4" pregnancy, select the Pregnancy Indicator on the Claim Codes screen in the Claim Indicators section. This is the electronic equivalent of entering a 1, 2, 3, or 4 in the EPSDT field on a CMS-1500 claim form.

- In the Claim Codes screen, "Medicaid" must be selected under the Claim Filing Indicator arrow-down menu. Choosing another selection may cause the prior authorization number to be attributed to another payor (TPL) and will not be acknowledged by the claims processing system.

TPL Billing Notes

- As reported in the January *Claim Jumper*, providers submitting claims with Medicaid as a secondary or tertiary payer can record payments by other payers on a paper claim or in the appropriate field in an electronic claim submission without any hard copy attachments. Hard copy attachments are only required if the other insurer denies payment (e.g., non-covered services, benefits exhausted) or the other insurer's payment went toward the deductible. **However, if the primary payer is Medicare Part B, the Medicare Part B EOB must always be attached to the claim.**
- Other insurers (TPL) are not all using standardized Reason & Remark codes. Therefore, if the TPL denies the claim, providers will still need to submit an explanation of the denial code with their claim when submitting to Medicaid.
- Providers who bill for items and services that are routinely denied by TPL can obtain a Request for Blanket Denial Letter form in the Forms section of the Medicaid Provider Information website at www.mtmedicaid.org. Providers should return the form along with the appropriate denial notice to the ACS TPL Unit, P.O. Box 5838, Helena, MT 59604.
- Lastly, providers should ensure that TPL is not indicated on the claim if the client does not have any other insurance coverage. Indicating TPL in error will cause the claim to be denied.



Important Tips For UB Billers

HIPAA regulations for institutional (UB-92) claims require admit type (field 19) and admit source (field 20) for inpatient claims. Outpatient claims may include these fields, but it is not required. If any UB-92 claims are submitted with values in either of these two fields, the values must be valid or the claims will deny.

Valid values for admit type (field 19):

- 1 Emergency
- 2 Urgent
- 3 Elective
- 4 Newborn
- 5 Trauma Center
- 9 Information not available

Valid values for admit source (field 20):

- 1 Physician referral
- 2 Clinic referral
- 3 HMO referral
- 4 Transfer from a hospital
- 5 Transfer from a SNF
- 6 Transfer from another health care facility
- 7 Emergency room
- 8 Court/law enforcement
- 9 Information not available
- 0 Transfer from psych, substance abuse or rehab hospital
- A Transfer from a critical access hospital
- B Transfer from another HHA
- C Readmission to same HHA

Additional admit source values for newborns (admit type 4):

- 1 Normal delivery
- 2 Premature delivery
- 3 Sick baby
- 4 Extramural birth
- 9 Information not available

Adult Intensive Outpatient Therapy Services

Effective January 2004, Adult Intensive Outpatient Therapy Services are available for Montana Medicaid recipients. The Clinical Management Guidelines must be met in order to receive authorization for outpatient psychotherapy sessions beyond 16-session limit.

Intensive Outpatient Therapy Services represent community-based treatment for persons with moderate or severe mood disorders or with some types of personality disorders. Ongoing difficulties in functioning because of the mental illness must also be present.

The full list of criteria for this service, as well as the Prior Authorization request form, are available on the First Health page of the AMDD website which can be accessed from www.dphhs.state.mt.us or www.mtmedicaid.org.

New & Deleted HCPCS/CPT Codes

Montana Medicaid has added many codes from the 2004 edition of the Current Procedural Terminology (CPT-4) and HCPCS Level II manuals. In addition, a number of codes have been deleted. Montana Medicaid allows a three-month grace period for deleted codes. These deleted codes cannot be used for dates of service after March 31, 2004. Please refer to the New & Deleted Codes Notice posted on the Provider Information website at www.mtmedicaid.org under Resources By Provider Type.

Mental Health Notes

- Providers are advised to check out the MHSP diagnosis crosswalk document posted on the Provider Information website at www.mtmedicaid.org.
- Providers should be aware that some diagnosis codes require a fourth or fifth digit.
- Providers treating a client with a co-occurring drug or alcohol problem should indicate that condition as the secondary diagnosis.
- A notice pertaining to lab and radiology services covered under the Mental Health Services Plan (MHSP) has been posted on the Provider Information website at www.mtmedicaid.org.
- Lab services for adults age 18 and older who are covered under MHSP should be billed to the Community Mental Health Centers that are under contract to provide MHSP services.

Nurse First Advice Line And Disease Management Now Available

For more information, contact Tedd Weldon at 406-444-1518.

FAXBACK Requires Separate Phone Line

Providers who utilize the FAXBACK system to check and confirm client eligibility must have a separate phone line to receive the faxed eligibility information. If there is not a separate line, the FAXBACK system will attempt to fax the information over the same line the provider is using to make the inquiry, blocking the faxes from getting through.

DMEOPS Fee Schedule Update

The January 2004 DME fee schedule (available at www.mtmedicaid.org) reflects the recent changes made to the Montana Medicaid reimbursement methodology in accordance with Montana Administrative Register No. 37-303. Such changes include incorporating current Medicare fee schedules for select procedure codes where a Medicare fee is available, and providing reimbursement based on reasonable submitted charges for other selected items/services.

Other changes include the addition/deletion of procedure codes by the Centers for Medicare and Medicaid Services (CMS). A three-month grace period applies to discontinued HCPCS codes through March 2004. This grace period applies to claims including 2003 discontinued codes for dates of service January 1, 2004, through March 31, 2004.

The intent of this fee schedule is not to be used as a resource for providers of DMEOPS in determining the appropriate HCPCS codes for items/services delivered. Providers of DMEOPS must refer to current publications based on official CMS up-to-date releases of HCPCS Level II codes, descriptions, and other relevant data.

If a provider of DMEOPS is unable to determine the appropriate code for a covered item/service from such publications, contact the manufacturer or distributor of the item/service for coding guidance. Providers may also contact the Statistical Analysis Durable Medical Equipment Regional Carrier (SADMERC) for coding advice by calling 877-735-1326.

Recent Publications

The following are brief summaries of publications regarding recent program policy changes. For details and further instructions, download the complete notice from the Provider Information website (<http://www.mtmedicaid.org>). Select *Resources by Provider Type*, for a list of resources specific to your provider type. If you cannot access this information, contact provider relations.

Notices

02/06/04 Physician, Outpatient Hospital, Mid-level, Podiatry, IDTF, Lab & X-ray, Psychiatrist

Lab panels

02/01/04 Outpatient Hospital, RHC, FOHC, IHS, Physician, Mid-level, Optometric, Optician, ASC, PHC, Lab & X-ray

New and discontinued codes

01/23/04 Chemical Dependency Providers

Previous notice updated

01/29/04 Pharmacy

PA additions

01/22/04 Inpatient Hospital, Physician, Lab & X-ray, Mid-level, Psychiatrist, Mental Health Centers

MHSP lab & x-ray

01/01/04 Inpatient Hospital, Outpatient Hospital, Physician, Mid-level, PHC, RHC, FOHC, IHS

VFC update

Other Resources

02/06/04 Schools

CSCT Q&A for schools

02/06/04 Schools

CSCT audit checklist for schools

01/26/04 All Providers

EOB reason & remark code crosswalk

01/26/04 Mental Health Centers, Psychiatrist, LCPC, Social Worker, Residential Treatment Centers, Schools, Mental Health Case Management, Inpatient Hospital, Outpatient Hospital, Physician, Mid-level, Lab & X-ray

MHSP diagnosis code crosswalk

Fee Schedules

01/04 Ambulance

01/04 Nursing Facility/Swing Bed for Ancillary Services

01/04 Mid-level Practitioner

**Montana Medicaid
ACS
P.O. Box 8000
Helena, MT 59604**

**PRSRT STD
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Key Contacts

Provider Information Website: <http://www.mtmedicaid.org>

ACS EDI Gateway Website: http://www.acs-gcro.com/Medicaid_Accounts/Montana/montana.htm

ACS EDI Help Desk (800) 987-6719

Provider Relations (800) 624-3958 Montana
(406) 442-1837 Helena and out-of-state
(406) 442-4402 fax

TPL (800) 624-3958 Montana
(406) 443-1365 Helena and out-of-state

Direct Deposit Arrangements (406) 444-5283

Verify Client Eligibility:

FAXBACK (800) 714-0075

Automated Voice Response (AVR) (800) 714-0060

Point-of-sale Help Desk for Pharmacy Claims (800) 365-4944

PASSPORT (800) 624-3958

Prior Authorization:

DMEOPS (406) 444-0190

Mountain-Pacific Quality Health Foundation (800) 262-1545

First Health (800) 770-3084

Transportation (800) 292-7114

Prescriptions (800) 395-7961

**Provider Relations
P.O. Box 4936
Helena, MT 59604**

**Claims Processing
P.O. Box 8000
Helena, MT 59604**

**Third Party Liability (TPL)
P.O. Box 5838
Helena, MT 59604**